

NAME: \_\_\_\_\_  
Last First M  
Name of Pawnshop: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
CRIMINAL CONVICTIONS IN THE PAST 12 MONTHS: YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please list on back side of this application)  
EXPIRATION DATE OF PERMIT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ CDL #: \_\_\_\_\_  
WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_

- If permit is EXPIRED MORE THAN TWO WEEKS**, a Police Controlled License application must be submitted with proper fees.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS STRUE AND ACCURATE.

**FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.**

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.